

Commonwealth of Massachusetts
Division of Professional Licensure
239 Causeway Street
Boston, MA 02114

Board of Registration in Nursing
(617) 727-9961

PRACTICAL NURSE LICENSURE BY EXAMINATION

DETERMINATION OF ELIGIBILITY TO WRITE THE NCLEX-PN BY FORMER RN STUDENT WITHDRAWN IN GOOD STANDING APPLICATION INSTRUCTION SHEET

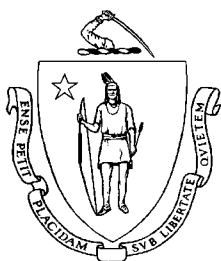
ELIGIBILITY CRITERIA (General Law, Chapter 112, section 74A):

The eligible NCLEX-PN applicant must complete, at the time of official withdrawal from a professional nursing program, a program of study equivalent to that required for graduation from an approved practical nurse program. Practical Nurse program requirements include completion of a minimum of 945 hours in theoretical and clinical practice in medical, surgical, pediatric, and obstetrical, as well as mental health nursing concepts, of which a minimum of 540 hours will be allocated to clinical practice. Both the theoretical and clinical components of a clinical nursing course must be successfully completed at the time of withdrawal.

Board policy requires the completion of all course work a minimum of five years prior to submitting a completed application for Determination of Eligibility to Write the NCLEX-PN/Former RN Student Withdrawn in Good Standing.

DIRECTIONS:

1. Applicant to complete application for Determination of Eligibility to Write the NCLEX-PN/Former RN Student Withdrawn in Good Standing.
2. Nursing education program must submit the following documentation:
 - a. Official transcript;
 - b. Statement, including dates student entered and withdrew, verifying student has officially withdrew in good standing;
 - c. Calculation of theory and clinical clock hours successfully completed by applicant during enrollment.
 - d. Statement applicant successfully completed theory and clinical content in medical, surgical, pediatric, obstetrical and mental health nursing prior to withdrawal must be included.
3. Mail all documents to: Nursing Education Coordinator, Board of Registration in Nursing.



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APPLICATION

TYPE or PRINT IN INK

Applicant Name: _____

Last

First

Middle Initial Maiden

Mailing Address: _____

Street

Town/City

State

Zip

Telephone: _____

Area Code/Number

Date of Birth: _____

Nursing Education Program from which you officially withdrew in good standing:

Address: _____

Program type: Diploma ____ Associate Degree ____ Baccalaureate ____ Generic MSN ____

Date entered: _____

Date withdrawn: _____

Signature: _____ Date: _____

IMPORTANT NOTE:

The Board will issue a Certificate of NCLEX-PN Eligibility to eligible applicants at the mailing address provided above. The certificate must be attached to the yellow Practical Nurse licensure by examination in lieu of graduation certification. NCLEX eligibility must be granted before you submit a Practical Nurse licensure examination application to the Board's testing service, Professional Credential Services, Inc. Ineligible applicants will be so notified in writing.

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